MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
2211 West 34th St. ● Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: **November 12, 2015**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Denial of coverage for repeat right L3-L4 transforaminal epidural steroid injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicining in the state of Texas.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The claimant is a male who injured his lower back on xx/xx/xxdue to repetitive lifting at work. The claimant was diagnosed with lumbago, lumbar HNP/disc displacement and lumbar radiculopathy. The MRI of the lumbar spine showed right foraminal disc herniation at L3-4 causing severe right foraminal narrowing with contact of the undersurface of the writing right L3 nerve root ganglion with the potential for impingement. There is disc bulges at L4-5 and disc desiccation from L1-L5 levels. The claimant has been previously treated with physical therapy, execise, ice, and heat without significant relief. The claimant also had epidural steroid injection that resulted in 50% improvement.

Office visit indicates that the claimant reported pain in the lower back that radiates into the right leg. He is status post right L3-L4 transforaminal ESI. The claimant reported 25% lower back and 75% leg pain. The claimant pain rating was 4/10. The symptom was exarcebated by walking. Current medication includes Tyelnol-Codeine #3, Lyrica 75 mg, Tizanidine 6 mg, and Celebrex 200 mg. On physical exam of the lumbar spine, the gait was normal. The lumbar spine with no evidence of swelling, masses, spasms, or bruising. There was no evidence of instability or misalignment of the lumbar spine. There was no tenderness on the palation of the lumbar spine. Strength in the bilateral lower extremities was 5/5. Sensation to light touch was symmetrical and within normal limits. There was no sustained clonus. Sitting Straight Leg Raise test was negative bilaterally, Faber test was negative bilaterally. Since the claimant got 50% improvement in his symptoms following

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his lumbar ESI and reported improvement in back and leg pain, a repeat ESI was recommended.

An office visit indicates the claimant reported lower back pain that radiates into the right leg. On physical exam of lumbar spine, the gait was normal, no evidence of instability or misalignment of the lumbar spine, no lumbar spine tenderness, strength in both lower extremities was 5/5, sensation was decreased left lateral calf but light touch was symmetrical and within normal limits, no sustained clonus, SLR was negative, Faber tet was negative.

Prior UR denied the request for coverage for repeat right L3-L4 transforaminal epidural steroid injection because there was lack of evidence of sustained pain relief and functional improvement from the previous injection and/or evidence of a decrease in the use of pain medications to support a repeat epidural steroid injection.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

According to the Official Disability Guidelines (ODG), "the purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." Further ODG indicates the Criteria for the use of Epidural steroid injections is radiculopathy must be documented and corroborated by imaging studies and/or electrodiagnostic testing as well as objective findings on examination need to be present.

After review of the submitted medical records, this claimant has lower back pain radiating into the right leg. There is MRI evidence of right-sided disc herniation at L3-4 with impingingement of the right L3 nerve root. The claimant had previous ESI on that gave 50% relief; however, there is no evidence of sustained relief of at least 6-8 weeks as recommended by ODG. Additionally, the physical findings lacks documentation of objective findings consistent with radiculopathy. The physical exam shows strength was 5/5 in both lower extremities and sensation is normal. The progress report dated indicates sensation is decreased on left lateral calf but light touch sensation is symmetrical and within normal limits. Further, since the previous ESI, there is no documentation of reduction in medication use. Based on the ODG and the clinical documentation stated above, the request is not medically necessary and non-certified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
Low Back - Lumbar & Thoracic (Acute & Chronic) – Online Version (accessed 11/03/2015)
Epidural steroid injections (ESIs), therapeutic

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Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs).

(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.

(4) Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

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NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.